

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. *23 Sep 98*
APPLICANT(S) *09/155231*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	/		/			
8	2		1			
9	2		1			
10	2		1			
11	2		1			
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50						
TOTAL IND.			1			
TOTAL DEP.		10				
TOTAL CLAIMS		11				

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IND.	DEP.	IND.	DEP.
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100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			